

# STANDARD CERTIFICATE OF DEATH

30813

State File No. ....

Registrar's No. 102

BIRTH NO. ....		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5745		State File No. ....	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Louisa</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hudson</u>		c. LENGTH OF STAY (in this place) <u>3yr 5mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wapello</u>		8140	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Still Hildreth Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>West of Wapello</u>			
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>C.</u> c. (Last) <u>MILLER</u> (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept., 23, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>10-14-1873</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>5</u>		11. DAYS <u>21</u>		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Stock &amp; Grain</u>		11. BIRTHPLACE (State or foreign country) <u>Oakville, Ia.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Jonas MILLER</u>				13b. MOTHER'S MAIDEN NAME <u>Sabina SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jennie Weber</u> ADDRESS <u>Ames, Ia.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>				6 years			
DUE TO (c) <u>Arteriosclerosis</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr. 2, 1948</u> , to <u>Sept. 23, 1951</u> , that I last saw the deceased alive on <u>9-23-51</u> , 19 <u>51</u> , and that death occurred at <u>10.05 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank H. Colpin, D.O.</u>				23b. ADDRESS <u>Still Hildreth Sanatorium</u>		23c. DATE SIGNED <u>9-23-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wapello</u>		24d. LOCATION (City, town, or county) (State) <u>Wapello, Ia.</u>	
DATE REC'D BY LOCAL REG. <u>10/5/51</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>		ADDRESS <u>Macon mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 21 1953

RECEIVED 10.11.51  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 10.51.162  
Date Filed 10.11.51

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Thos. L. Boff*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4552

P. O. Address *Macon, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.